

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589923

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	3		1			
5	3	1	1			
6	0		1			
7	0	1	1			
8	0	1	1			
9	0	0	1			
10	0	1	1			
11	1		1			
12	1		1			
13	1		1			
14	3		1			
15	3		1			
16	0	1	1			
17	0	1	1			
18	0	0	1			
19	0	1	8			
20						
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50						
TOTAL IND.	2		2			
TOTAL DEP.	23	←	24	←		
TOTAL CLAIMS	25	[REDACTED]	26	[REDACTED]		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						